



TELEHEALTH POLICY ACKNOWLEDGMENT FORM

Patient's Name: _____

Date of Birth: _____

- I understand that my provider at Kids First Pediatrics recommends I engage in a telehealth appointment that may be conducted using videoconferencing, video images, still (high quality photo) images, or telephone conference. I understand that this appointment will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
- I understand that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or myself can discontinue the telehealth appointment at any time if connections are not adequate for the situation.
- I understand that my healthcare provider may share information with other individuals for scheduling and billing purposes. I also understand that all information provided is confidential.
- I understand that chronic conditions and management can often be done over telehealth (ex. ADHD medication checks, asthma medication checks). Other consults related to mental health, development, simple rashes, and behavior can also be done via telemedicine.
- I understand that some parts of the exam including physical tests (ex. flu, strep, urinalysis) require in person physical exams. I understand that *antibiotics typically will NOT be prescribed via telehealth visits*. I also understand that *well checks cannot be done via telehealth*.
- In an emergency situation, I understand that it is my responsibility to take the advice of the healthcare provider to obtain further evaluation either in the clinic or at the emergency department upon the termination of the telehealth conversation.
- I understand that many insurance companies are now covering provider telephone advice calls and telemedicine visits. However, I also understand that it is my responsibility to contact the insurance company prior to telehealth conversations regarding billing and coverage for virtual visits.
- I understand that billing for telehealth consultations are still placed in a schedule for your provider during specific office hours. Telehealth visits will be billed to your insurance and copays will be collected when appropriate.



By signing this document, I acknowledge that I have read all terms and conditions, especially the risks and benefits of the telehealth appointment. I also acknowledge that I have had my question regarding payment, procedures and treatment explained and I hereby consent to the participation in a telehealth consultation appointment under the terms described.

Signature of Legal Guardian or Patient (>18 years of age)

Date and time: _____